

**TOMPKINS CORTLAND COMMUNITY COLLEGE
NURSING PROGRAM
Nursing Student/Instructor Physical Update**

Name _____

1. During the past year, have you had any of the following?

A. Consultation with a physician	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
B. Drug/Alcohol Problems	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
C. Hospitalization	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
D. Illness	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
E. Injuries	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
F. Been on medication	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
G. Psychological problems	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
H. Rashes/Skin problems	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____
I. Surgeries	Yes _____ No _____	DATE(S) _____	EXPLAIN _____	Are you still being treated? _____

2. Do you have any health problems which might interfere with your responsibilities at the hospital?

Yes _____ No _____ If yes, please explain

To the best of my knowledge, the above information is true. _____
Signature
Date

Employee Health Review

Contraindication to work: Yes _____ No _____
 Further follow-up: Yes _____ No _____

Comments:

Signature Date